



APPLICATION FOR TANNING FACILITY LICENSE

State Form 47393 (R5 / 8-16)

Approved by State Board of Accounts, 2016

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, IN 46204-2700

Telephone: (317) 234-3031

E-mail: pla12@pla.in.gov

www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$200.00, payable to the Indiana Professional Licensing Agency, in accordance with 820 IAC 7-1-1.
 2. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

APPLICATION FEE		LICENSE NUMBER ISSUED	
DATE FEE PAID (month, day, year)		DATE LICENSE ISSUED (month, day, year)	
RECEIPT NUMBER		LICENSE OBTAINED BY	

DO NOT WRITE ABOVE THIS LINE

TYPE OF APPLICATION

- NEW FACILITY (Fee: \$200) TRANSFER (No fee - address change only. Change of ownership requires a new facility license.)

GENERAL INFORMATION

Name of tanning facility	
Address (number and street, city, state, and ZIP code)	
E-mail address	Telephone number ()

INFORMATION ABOUT THE OWNER

Name of owner	
Address (number and street, city, state, and ZIP code)	
Telephone number ()	Social Security number *

CERTIFICATION

The applicant certifies that he/she has read and understands the requirements set forth in the statutes and rules regulating tanning facilities and that all information contained herein is true and correct to the best of his/her knowledge. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of owner	Date of application (month, day, year)
Printed name of owner	